

PARKING VIOLATION APPEAL FORM

☐ Faculty	□ Student	Name:			
□ Staff	□ Visitor	Address:			
State of Registration	: License Plate #:	City:	Sta	te:	Zip Code:
		Telephone Numbe	er:		
Date of Appeal:	Citation Number:	Email Address:			
		Department or School Affiliation:			
	EASON TO OBTAIN I				Y PROPERTY. I HAVE
SIGNATURE:					
Your appeal has been reviewed: ☐ You are advised to pay the Campus Services Center the citation balance of \$ within seven (7) days of this notice.			Failure to pay penalty within seven (7) days after date of issuance could result in:Withholding student transcripts and/or privileges to enroll in the University.		
Your appeal has l necessary.	peen approved, no furthe	er action is			s of registering your motoring permit with University.
Please be aware to displayed at all time University parking	smissed as a first time co hat a valid meter receipt mes when ever parking a g meters. Parking rules a cluding weekends and U	must be at Harvard are enforced	TOTAL AN	OFFICE US	: \$

Harvard University Parking Services Campus Service Center Smith Campus Center 8th Floor 1350 Massachusetts Avenue Cambridge, MA 02138